

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|--------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/14/04</u> | | 2 Serial/Patent # <u>09/980,987</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | | 3/2/04 | \$ 950 | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 950 | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | <input type="checkbox"/> Treasury Check | | | | | | | | | |
| | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">9</td> <td style="width: 20px;">2</td> </tr> </table> | | | 0 | 7 | -- | 1 | 3 | 9 | 2 |
| 0 | 7 | -- | 1 | 3 | 9 | 2 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | <u>Ext of time not necessary</u> | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>G. Lannouse</u> | | TITLE: <u>Deputy</u> | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>306-9200</u> | | | | | | | | | |
| OFFICE: <u>4700</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>6/15/04</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/14/04

2 Serial/Patent # 02/980,987

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

☒ Petition

6/3/04 \$1330

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$1330

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 07--1392

10 REASON:

☒ Overpayment

☒ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: G. T. Annouye

TITLE: Pat Atty

SIGNATURE: [Signature]

PHONE: 306-9200

OFFICE: 4700

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: [Signature]

DATE: 6/15/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B